Home Health Certification and Plan of Care

Order ID: 1163/683

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
90007034801	01/02/2026	From: 01/02/2026 To: 03/02/2026	796	497754

6. Patient's Name and Address
Meliha Ayvaz
9718 Arnon Chapel Road,
Great Falls, VA 22066-
202-848-4999

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 08/13/1976 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	01/02/26

13. ICD	Other Pertinent Diagnoses	Date
E87.6	Hypokalemia	01/02/26
E83.42	Hypomagnesemia	01/02/26
E83.51	Hypocalcemia	01/02/26
E83.39	Other disorders of phosphorus metabolism	01/02/26
K59.81	Ogilvie syndrome	01/02/26
I82.512	Chronic embolism and thrombosis of left femoral vein	01/02/26
C53.9	Malignant neoplasm of cervix uteri unspecified	01/02/26
C79.51	Secondary malignant neoplasm of bone	01/02/26
D63.0	Anemia in neoplastic disease	01/02/26
G89.3	Neoplasm related pain (acute) (chronic)	01/02/26
D68.51	Activated protein C resistance	01/02/26
K52.89	Other specified noninfective gastroenteritis and colitis	01/02/26
D75.839	Thrombocytosis unspecified	01/02/26
E43.	Unspecified severe protein-calorie malnutrition	01/02/26
Z79.82	Long term (current) use of aspirin	01/02/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Entocort Ec - Budesonide 3 mg capsule,Take 3 capsules by mouth once a day
Tylenol - Acetaminophen Take 1 tablet (500 mg total) by mouth every 4 hours
Aspirin - Aspirin 500 mg tablet,Take 1 tablet by mouth every 8 hours if needed for mild pain
Celebrex - Celecoxib 200 mg capsule,Take 1 capsule by mouth in the morning before bedtime.
Lasix - Furosemide 20 mg tablet,Take 1 tablet by mouth once a day as needed
Lomotil - Atropine Sulfate: Diphenoxylate Hydrochloride 2.5-0.025 mg per tablet,Take 1 tablet by mouth four times a day if needed for diarrhea
Ativan - Lorazepam 0.5 mg tablet,Take 1 tablet by mouth two times per week by mouth if needed for anxiety Takes maybe twice a week
Narcan - Naloxone Hydrochloride 4 mg ,1 spray topical as necessary actuation spray,nonaerosol into one nostril if needed
Roxicodone - Oxycodone Hydrochloride 10 mg tablet,Take 1 tablet by mouth every 4 hours if needed for moderate pain or severe pain
Augmentin '875' - Amoxicillin: Clavulanate Potassium 1 tab by mouth every 12 hours infection
Acetaminophen - Acetaminophen 500 mg by mouth every 4 hours Moderate pain
Entocort Ec - Budesonide 3 mg by mouth once a day 3 tabs
Rocaltrol - Calcitriol 0.5 mcg by mouth once a day Supplement 1 table
Tums - Simethicone 2 tables by mouth twice a day Upset stomach
Vitamin D - Ergocalciferol 50,000 unit 1 table by mouth once a week Supplement
Gabapentin - Gabapentin 100 mg I tab by mouth twice a day Moderate pain
Dilaudid - Hydromorphone Hydrochloride 10 mg take 3 tabs by mouth every 4 hours Severe pain PRN
Levaquin - Levofloxacin 250 mg 3 tabs by mouth once a day Infection stop day 1/8/26
Lidocaine And Prilocaine - Lidocaine: Prilocaine 1 inche topical once a day Moderate pain
Lomotil - Atropine Sulfate: Diphenoxylate Hydrochloride 2.5-0.025 mg 1 tab by mouth every 4 hours Diarrhea PRN
Ativan - Lorazepam 0.5 mg 1 tab by mouth twice a day Anxiety PRN
Magnesium Oxide - Simethicone 800mg 2 tabs by mouth twice a day Supplement
Melatonin - Melatonin 3 mg 1 tab by mouth at bedtime Insomnia PRN
Remeron - Mirtazapine 15 mg 1 tab by mouth at bedtime Insomnia
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 mcg by mouth twice a day Supplement
Ondansetron - Ondansetron 4 mg 1 tab by mouth every 8 hours Nausea and vomiting
Oxycontin - Oxycodone Hydrochloride 20 mg 5 tabs by mouth three times a day Severe pain
Zenpep - Pancrelipase (Amylase:Lipase:Protease) 2 tables by mouth three times a day Pancreatic 20,000-63,000-84,000unit capsule
Pyridium - Phenazopyridine Hydrochloride: Sulfamethoxazole: Trimethoprim 100mg by mouth three times a day Bladder spasms x 14 days
Klor-Con - Potassium Chloride 20mg by mouth twice a day Supplement
Sennosides - Senna 8.6-50 mg 1 tab by mouth at bedtime Constipation
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg 1 tab by mouth once a day Supplement
Samsca - Tolvaptan 15 mg 1 tab by mouth once a day Supplement
Oxycontin - Oxycodone Hydrochloride 030 mg 12 hr,Take 2 tablets (60 mg total) by mouth every 12 hours Do not crush, chew, or split.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Feigert
1100 N Glebe Rd Ste 1600
Arlington, VA 22201
PHONE: 5713508400 FAX: 17039408716 NPI: 1033174560

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 12/03/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Home Health Certification and Plan of Care

Order ID: 1163/683

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
90007034801	01/02/2026	From: 01/02/2026 To: 03/02/2026	796	497754

6. Patient's Name and Address
Meliha Ayvaz
9718 Arnon Chapel Road,
Great Falls, VA 22066-
202-848-4999

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

Jessica Hines is Pallative case specialist who specifically Rx and manages this Rx according to pt during 1/13 phone call with Rashada DPT

14. DME and Supplies:
walker, wheelchair, hospital bed, commode

15. Safety Measures:
walker precautions, wheelchair precautions, medication safety, infectious material management, fall precautions, bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
cemiplimab

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypo-osmolality and hyponatremia, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 49-year-old female with a complex medical history including metastatic cervical cancer, Ogilvie syndrome (pseudo-obstruction), colitis, chronic embolism and thrombosis of the left femoral vein, deep vein thrombosis, hypokalemia, failure to thrive, neoplasm-related acute and chronic pain, and lower extremity cellulitis. She presented to the hospital with abdominal distention, weight gain, decreased oral intake, diarrhea, and severe left lower extremity pain and swelling. The patient is alert and oriented to person, place, time, and situation. She resides in a multi-level home with her husband, daughter, and mother, who provide 24-hour care and assist with all ADLs and IADLs, with her husband serving as the primary caregiver. Physical assessment reveals generalized weakness, weak grasp, facial symmetry, PERRL, clear posterior lung fields, abdominal distention with active bowel sounds, and moderate to severe swelling of the right lower extremity and left hand. The patient is incontinent of bowel and bladder and utilizes diapers and bed pads for toileting. She has multiple wounds, including sacral and ischial pressure ulcers, with wound care limited at times due to severe pain and caregiver preference. The patient is currently bedbound, unable to sit unsupported at the edge of the bed, stand, ambulate, or perform transfers, and requires maximum assistance of one to two caregivers for all mobility, self-care, grooming, bathing, feeding, toileting, and transfers. A manual wheelchair is required for all mobility, though transfers remain dependent. A home exercise program consisting of supine and seated lower-extremity therapeutic exercises was initiated with the patient and caregivers, who demonstrated understanding. Family members reposition the patient every two hours to offload pressure, and an overhead trapeze is scheduled for delivery to assist with bed mobility. The patient denies receiving chemotherapy or radiation at this time. Skilled physical therapy services are medically necessary to address severe deficits in strength, endurance, sitting balance, bed mobility, and functional mobility, with the goal of improving safety, positioning tolerance, and preparation for functional transfers.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/02/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/03/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypo-osmolality and hyponatremia
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 OT Eval Notes:
 PT Eval Notes:<o:p></o:p> Physician: Feigert, John

SN Careplans

SN WK1: 1 (01/02/26-01/03/26) ,WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5, blood pressure systolic ortho-1 < 100 > 169, blood pressure diastolic ortho-1 < 60 > 90

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, dependent edema, M1620 - Bowel Incontinence, frequent urination, M1610 - Urinary Incontinence, limited strength, limited range of motion, limited endurance, muscle weakness, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, bruising/discoloration, discolored patches of skin, open sores/lesions, skin breakdown r/t incontinence, swell/redness surround. skin, #1 - Other - Other - left lower calf - weeping edema, #2 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - left lower leg - , #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - left ishium - , #4 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone,

SN Goals

PATIENT-STATED GOAL: I want to get out of the bed

GOALS
patient/caregiver recalls
* GI-specific diet including appropriate food choices
* stress management
* exercise
* home remedies to manage GI condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/02/2026

Home Health Certification and Plan of Care

Order ID: 1163/683

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
90007034801	01/02/2026	From: 01/02/2026 To: 03/02/2026	796	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Meliha Ayvaz 9718 Arnon Chapel Road, Great Falls, VA 22066- 202-848-4999	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

tendon, or muscles not exposed. - Other - right ishium - , #5 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - coccyx -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - left lower calf - weeping edema, physician-ordered wound care: #2 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - left lower leg -, physician-ordered wound care: #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - left ishium -, physician-ordered wound care: #4 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - right ishium -, physician-ordered wound care: #5 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - coccyx -, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: To sacral and and left ischium wounds: Cleanse with normal saline or wound cleanser, pat dry. Apply Polymem foam dressing over wound, secure in place with aquacel foam. For dressing removal use adhesive remover. Change every Tuesday, Thursday and Saturday and as needed for loose/soiled dressing., bladder training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (01/04/26-01/10/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 2 (02/08/26-02/14/26) ,WK8: 2 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: home exercise program: supine and/or seated (if able) therex w/ caregiver vc/tc and demo, BLE: SAQ, marches, heel slides/AROM hip/knee flex and foot/ankle LLE, ankle pumps, HR/TR, clams, hip add, quad sets, pull to sit/sit to supine, transfers training

TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Lying to sitting/bed - 01. Dependent

PT Goals

PATIENT-STATED GOAL: Via word of pt and family: To see if pt can gain any strength or general improvement given her current physical and functional status and h/o due to her extensive med history

GOALS
patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

Lying to sitting/bed - 01. Dependent

OT Careplans

OT WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene - 01. Dependent, GG0130F1 - Upper Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130E1 - Shower/Bathe Self - 01. Dependent, GG0130C1 - Toileting Hygiene - 01. Dependent, GG0130A1 - Eating - 05. Setup or clean-up assistance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to get better with turning myself/ moving in bed

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/02/2026

Home Health Certification and Plan of Care

Order ID: 1163/683

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
90007034801	01/02/2026	From: 01/02/2026 To: 03/02/2026	796	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Meliha Ayvaz 9718 Arnon Chapel Road, Great Falls, VA 22066- 202-848-4999	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/02/2026